

Dr. Douglass' copy of
10

EXTRACTED FROM THE
NORTHERN JOURNAL OF MEDICINE
FOR NOVEMBER 1844.

STATISTICAL REPORT

ON THE

EDINBURGH EPIDEMIC FEVER OF 1843-44.

BY A. HALLIDAY DOUGLAS, M.D.,

Fellow of the Royal College of Physicians, and one of the Physicians to the Royal Infirmary,
Edinburgh.

SOME apology seems necessary for this essay appearing, as it does, so long after the cessation of the epidemic which it proposes to investigate, and after so much has been already written on the subject. I have been anxious, however, to bring it forward, even at this late date, as the relative value of the symptoms and the essential characters of the disease are, in my opinion, to be best demonstrated by numerical analysis—the plan on which the present report has been framed—and I am not aware that it has been adopted by any one of the many writers on the fever who have preceded me.

The cases upon which the following calculations have been founded amount to 220 in number. It is from a careful analysis of the reports of these 220 cases that the deductions to be

recorded have been derived. To the phenomena presented by these I propose strictly to confine my observations.

Before proceeding to the detail of the cases, I may state, that the investigation has been conducted strictly according to the "Numerical System," except in one or two instances, where, from the universality of the symptom or morbid condition, I have been satisfied with the mere statement of the circumstance. The results of the analysis are arranged in two principal divisions; the first showing the influence of the general circumstances of the individual upon the disease—the second demonstrating the features of the disease itself. This second division is again subdivided, and the characters are considered under two heads: *1st*, Those constituting the general features of the malady; *2d*, Those constituting the special symptoms, or derangement in the functions of the several systems. In the concluding part, the complications, the sequelæ, the effect of treatment, &c., will be considered.

DETAIL OF THE CASES.

1.—THE CIRCUMSTANCES OF INDIVIDUAL PATIENTS INFLUENCING THE ATTACK AND PROGRESS OF THE DISEASE.

Under this section are considered—*1st*, *The Sex and Age of the Patients*; *2d*, *Their Circumstances in Life*; *3d*, *Habits*; *4th*, *Previous Health*; *5th*, *Previous Attacks of Fever*; *6th*, *The Source of the Disease*; *7th*, *The Stage of it when the first Reports of the Case were taken*.

1st, Age and Sex.—In 215 cases the age of the patient was noted. In these 215 cases there were under ten years of age 14 males and 4 females; above 10 and under 20, 36 males and 23 females; above 20 and under 30, 32 males and 26 females; above 30 and under 40, 11 males and 21 females; above 40 and under 50, 12 males and 8 females; above 50 and under 60, 9 males and 10 females; above 60 and under 70, 7 males and 1 female; above 70, 1 male. This return gives a proportion of 122 males to 93 females. According to these data, the periods of life at which the disease most frequently occurs is from 10 to 20, and from 20 to 30, and at these two periods with nearly equal frequency. It is, however, impossible to infer the precise influence of age in predisposing to the disease from such materials as we are here making use of. An hospital report cannot enable us to determine this question, as large numbers of patients in the early periods of life are never admitted into our hospitals.

2d, Circumstances in Life.—Of 186 patients, 83 reported themselves in good circumstances; 80 in indifferent circumstances—that is, their employment was precarious, earning from three to five shillings a-week, many of them with large families, and living in over-crowded rooms. Of these 80 cases, 37 were males, 43 were females; 23 reported themselves perfectly des-

stitute, 13 men and 10 women. With regard to the terms "indifferent" and "destitute," I may explain, that though the former presented a less degree of wretchedness than the latter, yet assuredly they were to be classed together as being equally, so far as their circumstances in life were concerned, predisposed to the effects of contagion. Accordingly, from this return it appears, that of 186 persons in fever, 103 were in a state of poverty amounting to destitution, while 30, or 1-6th of the whole number, were in a state of utter wretchedness.* Of these 103 destitute cases, 53 were women; 30 of whom were married.

3d, Habits.—The habits of the patients, as regards temperance, were reported intemperate in 18, and drunken in 9,—27 cases in all, of which 5 died. These facts are in the mean time merely stated; the influence of irregular habits on the progress and result of the disease will be noticed more in detail hereafter.

4th, Previous Health.—The health of the patients appears to have been impaired for a longer or shorter period in about 34 of the cases. The disorder of the health was in many of these cases trivial, and of only a few days' standing—consisting in an attack of cynanche or catarrh. In about 12 cases the disordered health was chronic, and the majority of these suffered from bronchitis, which became troublesome during the progress of the attack, with cough and expectoration. Of the 34 cases, 2 proved fatal, the one being affected with chronic disease of the liver; the other was, after death, reported to have been long subject to attacks of violent diarrhœa, a recurrence of which was the immediate cause of the fatal event.

5th, Former attacks of Fever.—Of the 220 cases, 71 were stated to have suffered from former attacks of fever, exclusive of 4 who were affected with both the epidemic relapsing fever and typhus during their stay in the hospital. Hence, rather more than a third of the cases were suffering from fever for the second time. These former attacks of fever had occurred within five years in 30 cases, of which 12 were within two years and 6 within one year.†

6th, Source.—Among 213 cases in which this question was carefully investigated, 45 were unable to ascribe their attack to any cause; 18 attributed their illness to exposure, fatigue, &c.; and 150 were satisfactorily proved to have been exposed to sources of contagion.

7th, Stage when first reported.—This is stated in our returns

* These facts corroborate, on extended data, the statement of Dr Alison, made on my authority, at p. 8 of his pamphlet.

† Of 25 cases of typhus which came under my charge, during the same period as the above cases, 5 reported former attacks of fever, that is, a fifth of the whole number,—one only of these was satisfactorily made out to have occurred within two years.

to be as follows. Of 207 cases, 121 were admitted during the primary attacks, 56 during the remission, 30 in the relapse.—In some of these last cases admission was so late as the crisis of the relapse.

II.—THE FEATURES OF THE DISEASE.

1st, *The General Features*.—Under this section we shall consider—1st, *The Mode of Access of the Disease*; 2d, *The First Crisis*; 3d, *The Remission*; 4th, *The Relapse*; 5th, *The Second Crisis*; 6th, *Repeated Relapse*.

1st, *The Access of the Disease*.—This appeared to have been in almost every case sudden, generally with a rigor, followed quickly by those symptoms which usher in the attack of febrile diseases. My opportunities of observing this early stage of the attack were very limited, but, in the cases which I did see, vomiting occurred within a few hours of the attack in most instances; and sweating also was frequent. The suddenness of the invasion did not prevent many persons going about for several days,—this was particularly remarkable in one of my patients, who continued moving about with a pulse of 120 in the minute. In a very large proportion, however, of the cases, the febrile symptoms attained their greatest intensity within the first three days. With reference to the suddenness of the attack, there were 5 of the cases which appeared to justify the opinion that, however frequent the sudden access of the symptoms may be, it is not invariable, and that a premonitory stage of some duration occasionally exists. These cases were not under observation at the period alluded to; therefore what is now stated must be received on the authority of the patients themselves.

These 5 cases were 3 males and 2 females. For a period, varying from 3 to 10 days, they suffered from general debility and uneasiness, pain of the back or general pains, and anorexia. This stage was succeeded by a rigor, and the symptoms which usually usher in the attack. Dating from the rigor, the first crisis occurred on the fourth, sixth, and ninth days in three, and on the seventh in two. The relapse occurred on the twelfth, fifteenth, and twenty-second days in three, and on the thirteenth day in two. One of the females miscarried in the primary attack; the other had a second relapse. It is probable that, in many other cases this premonitory stage may have existed without being noted in the reports.

2d, *The First Crisis*.—This crisis is considered under the following divisions:—1st, *Its Date*; 2d, *Its Phenomena*; 3d, *Its Date in relation to Sex*; 4th, *Its Date in relation to Age*.

The Date of the First Crisis.—Of the cases (121) admitted in the primary attack, the date of the first crisis is reported in 83. It must not be supposed that the remaining 38 cases did not present the usual well-marked crisis, though a small number, not

exceeding 6, appear to have recovered by a gradual and not the abrupt crisis. In many instances the impossibility of ascertaining precisely the day of attack rendered it impossible to determine the date of the crisis.

Of these 83 cases, the crisis occurred on the fourth day in 2, on the fifth day in 12, on the sixth day in 25, on the seventh day in 27, on the eighth day in 9, on the ninth day in 4, on the tenth day in 4. Hence the average date of this crisis was at the sixth day.

The Phenomena of the First Crisis.—The crisis occurred at all periods of the day. In most instances it was preceded by a rigor, frequently, however, by a mere chilliness which did not amount to shivering. It was in every instance, with the exceptions to be presently mentioned, accompanied by a sweat more or less profuse, which lasted generally for a few hours, in a few cases for two and even three days. During the continuance of the sweat, the pulse in many instances rose in frequency; but this was by no means invariable.

The exceptions above alluded to were two in number,—1st, A young man who, at the forenoon visit, was found convalescent, and was stated not to have sweated, but to have been much disturbed during the night by frequent calls to pass urine. The urine was not preserved, but on the second day after the crisis it amounted to 30 oz., of density 1020. His attack presented no remarkable symptom, he had slight bronchitis, jaundice, and pain and tenderness in the region of the spleen.—2d, The case of a young robust man, who, on the day after his relapse, was attacked by frequent diarrhœa, without pain. On the second day the report states “the improvement to be going on, no sweating, much annoyance from pains of the limbs.” The evidence of these two cases is quite insufficient to prove that any other discharge than sweating ever proved critical. In the section on the complications, a detailed account will be given of cases in which diarrhœa accompanied a crisis. The crisis was, in many cases, attended by a degree of mental languor and general lassitude—amounting in some instances to prostration, which continued for several days, and only gradually disappeared.

The Date of the First Crisis in relation to Sex.—Of these 83 cases, in which the date of the first crisis has been ascertained, 51 were males and 32 were females.

1st, On the fourth day this crisis occurred in two instances, both male. This gives a rate per cent. of nearly 4 as the frequency with which the first crisis occurred in males on this day.

2d, On the fifth day this crisis occurred in 12 cases. Of these, 9 were males and 3 females. This gives, as the frequency with which this crisis occurred amongst males on the fifth day, 17·64 per cent.; amongst females 9 per cent.

3d, On the sixth day this crisis occurred in 25 cases. Of these 12 were males and 13 females. This gives, as the frequency with which this crisis occurred on the sixth day, amongst males, 23·27 per cent.; amongst females, 40·2 per cent.

4th, On the seventh day this crisis occurred in 27 cases; 18 of these were males, 9 females. This gives, as the frequency with which this crisis occurred on this day, amongst males 35 per cent.; and females 28 per cent.

5th, On the eighth day this crisis occurred in 9 instances; of these, 3 were males and 6 females. Nearly 6 per cent. for males, and 18 per cent. for females, is therefore the frequency with which this crisis occurred on this day.

6th, On the ninth day the crisis occurred in 4 cases; of these 3 were males and 1 female.

7th, On the tenth day this crisis occurred in 4 instances; all of which were males. This gives as the average frequency on this day, amongst men, 7·8 per cent.

The average date of this crisis in the total of these cases is, amongst the males, nearly the seventh day; and amongst the females, the sixth.

From these returns, it is apparent that the days (6th and 7th) on which this crisis occurs most frequently were observed in a larger proportion amongst the female cases than amongst the male—the proportion amongst the former being 68 per cent., and the latter 58 per cent.

The Date of the First Crisis in the different Periods of Life.
—1st, There were under 10 years of age 4 cases. Of these one had this crisis on the fourth day; 3 had it on the sixth day. This number is too limited to enable us to strike what may be depended upon as a just average of the date of this crisis, corresponding to this period of life. According, however, to the data, the average date is the fifth day.

2d, There were above 10 and under 20, 29 cases. In these the crisis occurred in one on the fourth day; in 5 on the fifth day; in 13 on the sixth day; in 7 on the seventh day; in 2 on the eighth day; and in one on the tenth day. The average of the dates in these 29 cases is the sixth day.

3d, There were above 20 and under 30, 27 cases. In these the crisis occurred in one on the fourth day; in 5 on the fifth day; in 6 on the sixth day; in 10 on the seventh day; in 2 on the eighth day; in 2 on the ninth day; and in one on the tenth day. The average of the dates in these 27 cases is the sixth day.

4th, There were above 30 and under 40, 8 cases. In these the crisis occurred in 2 on the sixth day; in 3 on the seventh day; in 1 on the eighth day; and in 2 on the tenth day. The average of the dates in these 8 cases is the seventh day.

5th, There were above 40 and under 50, 8 cases. In these the crisis occurred in 4 on the seventh day ; in 2 on the eighth day ; and in 2 on the ninth day. The average of the dates in these 8 cases is the seventh day.

6th, There were above 50 and under 60, 5 cases. In these the crisis occurred in one on the fifth day ; in one on the sixth day ; in 2 on the seventh day ; and in one on the eighth day. The average of the dates in these 5 cases is the sixth day.

There was one case above 60, in which the crisis occurred on the eighth day. In one case the age is not reported.

These results, with the exception of the second and the third, are deduced from too limited data to admit of any positive general inference on the influence of age on the date of the first crisis. It would appear from them, however, that the crisis occurs rather earlier in the young than in those more advanced in life. There is, on the average, a difference between the second and third decennial periods of life of 4-10ths of a day,—the latter being the later. The fourth period gives as its average date of crisis one day later than the third, and one-tenth of a day earlier than the fifth. In the cases belonging to the sixth decennial period of life, the date of the crisis is on the average one day earlier than in those of the fourth and fifth periods ; but as the data consist only of five cases, it is probable that this average for the sixth period is not a just one.

I may state that, in the course of these remarks, it frequently happens, that the data on which averages are founded are too limited to justify decided inferences ; I have, however, thought it right to state these averages on almost every occasion.

3d, *The Intermission*.—The term *Intermission* appears to me much more expressive of the state of the disease during the period between the first crisis and the relapse, than that which has been generally adopted,—*Remission*. The latter term expresses mere abatement of the symptoms ; whereas, during this stage, the febrile state entirely disappears, and a progressive convalescence occurs, “during which,” as stated by Dr Cormack, “a great deal of lost strength is regained.” This complete intermission was not, however, invariable, though the exceptions were few in number. In about 10 cases the tongue continued more or less dry, and in some it was moist, but foul ; in two of these latter cases I was enabled to predict the return of febrile symptoms during a prolonged intermission from the persistent grey fur which the tongue presented. In one case, during this stage, the pulse continued to range from 80 to 108 in the minute, in another from 60 to 96, and in several it continued as high as 80 throughout. Headache, vertigo, heat of the surface, sweating, anorexia, restlessness, and lassitude, were severally, in a very few instances, observed. The association of these symptoms with one another presented no regularity, and the

cases were not remarkable for severity. It will be borne in mind that the whole number of these cases, with imperfect intermission, did not exceed 15 in number.

The Duration of the Intermission.—This was various ; in some cases as short as three days, most frequently it lasted for five or seven days, but in some instances for a much longer period. The average duration was 7·15 days, calculated from 59 cases ; in 10 of which the first crisis occurred on the fifth day ; in 23 on the seventh day ; and in 16 on the eighth, ninth, and tenth days.

The Relation of the Duration of the Intermission to the date of the First Crisis.—Dr O'Brien, in describing a fever which closely resembled that we are at present investigating, states that the "remission appeared to be longer in the seven-day fevers than in the five-day cases." The following averages, ascertained from 53 of our cases, express the result of three calculations on this question :—

1st, In 10 cases, in which the crisis occurred on the fifth day, 6·6 days is the average duration of the intermission.

2d, In 23 cases, in which the crisis occurred on the seventh day, 7·65 days is its average duration.

3d, In 16 cases, in which the crisis occurred 8 times on the eighth day, 4 times on the ninth day, and 4 times on the tenth day, 7·12 days is the average duration of this stage.

Some authors are of opinion, that they have observed a remission in the symptoms on the third day of the disease. In the few cases admitted at this early stage, I have been quite unable to discover any thing of the kind ; and I believe, if such a remission ever occurs, that it does so with no regularity, and that it forms no part of the general features of the disease.

4th, *The Relapse.*—This term has been objected to. Now, though there is something indefinite in the signification of the word, I do not think that one more suitable could easily have been adopted. The confusion is altogether owing to our overlooking the state under which the relapse takes place, and to the fact of many physicians speaking and writing of a "relapse in fevers," when a mere accidental febricula has occurred, and by no means "the relapse of the fever, properly speaking, or repetition of it within a short period." The relapse is considered under the following subdivisions :—1st, *Its Frequency* ; 2d, *Its Date* ; 3d, *Its Date in relation to Sex* ; 4th, *Its Date in relation to Age* ; 5th, *Its Date in relation to the Date of the First Crisis* ; 6th, *Its Phenomena.*

The Frequency of the Relapse.—There exists a difference of opinion as to whether the relapse occurs in every case or not. From all I have been able to observe of the disease, I am disposed to believe that no case escaped without relapsing ; though the severity of the accompanying symptoms and its date are very various. In this report, it is impossible to calculate this

question, as many of our cases were dismissed before the usual date of the relapse. The only cases countenancing the idea that the disease may pass off without relapsing were 2, which, up to the twenty-first and twenty-fourth days respectively, presented no relapse. According to our return on the date of the relapse, it appears that 1 case in every 24 relapsed even later than the twenty-first day, and that 1 in 28 relapsed on or after the twenty-sixth day. It is quite possible then that both these cases might relapse after dismissal.

The Date of the Relapse.—This is indicated in 140 cases. It occurred on the ninth day in 1 case; on the tenth day in 4 cases; on the eleventh day in 5 cases; on the twelfth day in 7 cases; on the thirteenth day in 21 cases; on the fourteenth day in 39 cases; on the fifteenth day in 21 cases; on the sixteenth day in 15 cases; on the seventeenth day in 9 cases; on the eighteenth day in 4 cases; on the nineteenth day in 5 cases; on the twentieth day in 1 case; on the twenty-first day in 1 case; on the twenty-second day in 2 cases; on the twenty-sixth day in 1 case; on the twenty-seventh day in 1 case; on the twenty-eighth day in 2 cases; on the forty-eighth day in 1 case. The average of these dates is the fifteenth day. A point worthy of remark in the preceding return is the progressive increase in the frequency of the relapse from the earliest day (the ninth), on which it occurred, to the fourteenth day, on which it happened most frequently; and from this day, the progressive decline to the eighteenth; after which there is some irregularity in the frequency of its occurrence on each day. Relapse occurred previous to the thirteenth day in 17 cases; on the thirteenth, fourteenth, and fifteenth days in 81; and subsequent to the fifteenth day in 42.

The Date of the Relapse, in relation to the Sex.—These (140) cases, in which the date of the relapse has been ascertained, were males 80, and females 60.

1. It has been shown above, that the relapse occurred, in 17 of these cases, previous to the thirteenth day; of these there were 9 males, and 8 females. This gives as the per centage of relapses at this early date of the attack, 11·25 of the male cases; and 13·22 of the female cases.

2. On the thirteenth day the relapse occurred in 21 of these (140) cases; 10 were males, and 11 females. The number per cent. of relapses on this date, therefore, is 12·5 of male cases, 19 of female cases.

3. On the fourteenth day the relapse occurred in 39 of these cases; 17 were males, and 22 females. The number per cent. of relapses on this date, therefore, is 21·25 of male cases, 36 of female cases.

4. On the fifteenth day the relapse occurred in 21 instances; 14 were males, and 7 females. The number per cent. of re-

lapses on this date, therefore, is 17·5 for males, 11·6 for females.

5. Subsequent to the fifteenth day the relapse occurred in 42 instances; of these 30 were males, 12 were females, which is equivalent to 37·5 per cent. of male cases, and 20 per cent. of female cases. The inference from this calculation is threefold.

1st, That females relapse, mostly, at an earlier date than males. 2d, That males relapse, at a late date, nearly twice as often as females. 3d, That the most usual date of the relapse, the thirteenth, fourteenth, and fifteenth days, is much more frequently observed in females than in males—the proportion being, of males 51·25 per cent., of females 66·6 per cent.

The Date of the Relapse at the different Periods of Life.—

1. Under 10 years old there were 8 cases; namely, on the eleventh day, 1 case; on the thirteenth day, 1; on the fourteenth day, 4; on the fifteenth day, 1; on the sixteenth day, 1. The average of these dates is the thirteenth day.

2. Above 10 and under 20, there were 44 cases; namely, on the ninth day, 1 case; on the tenth day, 2; on the eleventh day, 3; on the twelfth day, 4; on the thirteenth day, 8; on the fourteenth day, 10; on the fifteenth day, 8; on the sixteenth day, 4; on the seventeenth day, 4; on the twentieth day, 1; on the twenty-first day, 1. The average of these dates is the fourteenth day.

3. Above 20 and under 30, there were 40 cases; namely, on the eleventh day, 1 case; on the twelfth day, 5; on the thirteenth day, 6; on the fourteenth day, 10; on the fifteenth day, 5; on the sixteenth day, 5; on the seventeenth day, 2; on the eighteenth day, 1; on the nineteenth day, 2; on the twenty-second day, 1; on the forty-eighth day, 1. The average of these dates is the fifteenth day.

4. Above 30 and under 40, there were 21 cases; namely, on the thirteenth day, 3 cases; on the fourteenth day, 10; on the fifteenth day, 4; on the sixteenth day, 1; on the eighteenth day, 1; on the nineteenth day, 1; on the twenty-seventh day, 1. The average of these dates is the fifteenth day.

5. Above 40 and under 50, there were 14 cases; namely, on the tenth day, 1 case; on the thirteenth day, 3; on the fifteenth day, 2; on the sixteenth day, 2; on the seventeenth day, 1; on the eighteenth day, 1; on the twenty-sixth day, 1. The average of these dates is the twelfth day.

6. Above 50 and under 60, there were 9 cases; namely, on the fourteenth day, 2 cases; on the fifteenth day, 1; on the sixteenth day, 1; on the eighteenth day, 1; on the nineteenth day, 2; on the twenty-second day, 1; on the twenty-eighth day, 1. The average of these dates is the eighteenth day.

7. Above 60 and under 70, there was 1 case, which relapsed on the seventeenth day. From these averages, there appears to

be a very marked difference in the date of the relapse in the early and in the late periods of life. Between the ages of 20 and 40, on the other hand, the same average date of relapse exists; and that, as near as may be, is equidistant from the date in the early and that in the later periods of life.

The Date of the Relapse in relation to that of the First Crisis.

—This calculation is the same as that already stated at p. 15, showing the duration of the intermission. I shall merely state the averages and a few of the special dates.

1. 10 cases, presenting the first crisis on the fifth day, give as the average date of the relapse the twelfth;—2 of these cases relapsed after the fourteenth day.

2. 23 cases, presenting the first crisis on the seventh day, give as the average date of the relapse the fourteenth day; 3 only of these cases relapsed later than the fourteenth day.

3. 16 cases, having had the first crisis, 8 on the eighth, 4 on the ninth, and 4 on the tenth day, give as the average date of the relapse the fifteenth day. 5 of the cases which had the first crisis on the eighth day relapsed on the fourteenth day. 2 of the cases having the first crisis on the ninth day relapsed,—1 on the twelfth day, and 1 on the twenty-second day. The cases having the first crisis on the tenth day relapsed on the fifteenth day in 1 instance; on the sixteenth in 2; and on the nineteenth in 1. It appears, then, from these data, that the observation is well founded that the relapse is apt to occur at an earlier date in cases with the earlier crisis. Increased duration of the primary attack, however, though it may delay, does not appear ever to prevent the relapse.

The Phenomena of the Relapse.—In a few instances the relapse came on with the gradual accession of the febrile state. In by far the greatest proportion of the cases, as has been already stated of the primary attack, which the relapse closely resembled in all its features, its access was sudden; it was very generally ushered in by a rigor, which was quickly followed by the train of symptoms common to febrile diseases, and which will be particularly investigated hereafter. The symptoms were, on the whole, decidedly less urgent in the relapse than in the primary attack, and the duration much shorter. This will be investigated in the next section on the crisis of the relapse.

5th, *The Second Crisis, or Crisis of the First Relapse.*—This I propose to investigate under the three following heads—1st, *Its Date*; 2d, *Its Date in relation to Sex*; 3d, *Its Date in relation to Age*.

The Date of the Second Crisis.—This must be investigated in a twofold point of view: 1st, To show the duration of the first relapse; 2d, To show at what date of the attack this crisis occurs, or, what relation the date of this crisis bears to the date of the relapse. These two points will be best and most shortly demonstrated in the following table:—

Table, showing the Relation of the Duration of the Relapse to the Date of its Accession.

			Second Crisis occurred on day after relapse							Total Cases relapsing on particular days after attack.
			1st	2d	3d	4th	5th	6th	7th	
Relapse occurred on 9th day after attack						1				1
...	10th	...		1	1	1				3
...	11th	...		2		1				3
...	12th	...				1	3		1	5
...	13th	...		2	3	5	6	2	1	19
...	14th	...		3	10	8	8			29
...	15th	...		3	3	6	1	1		14
...	16th	...	1	2	2	3	3	1		12
...	17th	...		2	2	2				6
...	18th	...		1		2				3
...	19th	...		1	1	2				4
...	20th	...					1			1
...	21st	...	1							1
...	26th	...		1						1
...	27th	...	1							1
...	28th	...			1		1			2
Total			3	18	23	32	23	4	2	105

In addition to the 105 cases from which the preceding table has been constructed, there are, of the 140 in which the relapse is reported, 7 cases in which this crisis occurred—on the third day of the relapse, 2; on the fourth day, 2; on the fifth day, 2; on the eighth or ninth day, 1. These cases cannot be entered in the table, in consequence of my being unable to determine the precise day of the attack on which the relapse occurred. The duration of this relapse, or the date of its crisis in relation to that of its accession, is shown in 112 cases; the average date of the crisis on the whole of these cases is the third day, reckoned from the day of relapse. In 105 of these 112 cases, the day of the attack on which the second crisis occurred can be easily reckoned from the preceding table. I shall not therefore state this calculation, but proceed at once to the second head,

The Date of the Second Crisis in relation to Sex.—It must be distinctly understood that the term *date* throughout this section is applied to the *day of the second crisis* reckoned from the *day of the relapse*.

Of the 112 cases in which the date of this crisis is ascertained, there are 67 males, 45 females.

1. The 3 cases which presented the second crisis on the first day of the relapse are all males. This gives, as the frequency of this second crisis on the first day, 4·3 per cent. for males.

2. Of the 18 cases which presented the second crisis on the second day, 13 are males, 5 females. This gives as the frequency on this day, 19·4 per cent. for males, 11 for females.

3. Of the 25 cases which presented this crisis on the third day, 19 are males, 6 females. This gives as the frequency of this crisis on this day, 28·3 per cent. for males, 13·2 for females.

4. Of the 34 cases which presented this crisis on the fourth

day, 19 were males, 15 females. This gives a frequency on this day of 28·3 per cent. for males, 33 for females.

5. Of the 25 cases which presented this crisis on the fifth day, 11 were males, 14 females. This gives, as the frequency on this day, 16·4 per cent. for males, 31 for females.

6. Of the 4 cases presenting this crisis on the sixth day, 1 was male, 3 were females. This gives, as the frequency on this day, 1·49 per cent. for males, 6 per cent. for females.

7. On the seventh day, 2 cases had their crisis; both females.

8. On the eighth (or ninth) day one male case presented this crisis.

From these returns it is apparent that the average of the dates of this crisis in male cases was the third day, in females the fourth. Male cases presented the crisis on one of the early days—that is, previous to the fourth day, in a much larger proportion than females; the rate per cent. for males at these earlier dates being 52, for females 24. On and after the fourth day, on the other hand, there is a preponderance on every day, except the eighth, of females; the rate per cent. for these later dates being for males 47, for females 75.

The Date of the Second Crisis at the different Periods of Life.—1. There were of these 112 cases, 8 under 10 years of age. In these, the second crisis occurred in 2 on the second day; in 2 on the third day; in 3 on the fourth day; and in 1 on the sixth day. The average on these 8 cases is the third day.

2. There were above 10 and under 20, 38 cases. In these, this crisis occurred in 1 on the first day; in 9 on the second day; in 10 on the third day; in 8 on the fourth day; in 7 on the fifth day; in 2 on the sixth day; and in 1 on the ninth day. The average date for this period of life on these 38 cases is the fourth day.

3. There were above 20 and under 30, 33 cases. In these, this crisis occurred in 1 on the first day; in 4 on the second day; in 9 on the third day; in 11 on the fourth day; in 7 on the fifth day; in 1 on the seventh day. The average date for this period of life on the 33 cases is the third day.

4. There were above 30 and under 40, 16 cases. In these, this crisis occurred in 1 on the first day; in 1 on the third day; in 4 on the fourth day; in 9 on the fifth day; and in 1 on the seventh day. The average for this period of life on these 16 cases is the fourth day.

5. There were above 40 and under 50, 11 cases. In these, this crisis occurred in 3 on the second day; in 1 on the third day; in 5 on the fourth day; in 2 on the fifth day. The average for this period of life on these 11 cases is the fifth day.

6. There were above 50 and under 60, 5 cases. In these, this crisis occurred in 2 on the third day; in two on the fourth

day; and in 1 on the sixth day. The average for this period of life in these 5 cases is the fourth day.

7. There was above 60, 1 case in which this crisis occurred on the fourth day.

In consequence of the smallness of the number in the majority of these returns, it does not seem advisable to institute any comparison between the different periods of life, with reference to any influence which age may exercise on this crisis.

Repeated Relapse.—Relapse has been observed to occur as often as four and, I believe, five times. In none of my cases was it observed oftener than the second time, and this occurred in 11 cases. The sex of these was male in 4 cases, female in 7. The age was under 30 in 7; above 30 and under 60 in 4.

The Date of the Second Relapse.—This was on the eighteenth day in 2 cases; between the twenty-second and thirtieth days in 6; on the thirty-fourth and thirty-sixth days in 3. These dates do not appear to differ in the sexes.

The Duration of the Second Relapse. In 10 of these cases the duration of this relapse varied from one to five days. It was limited to one day in 3 cases; to thirty hours in 3; to two days in 1; to three days in 1; to five days in 2. The remaining case—a female aged 38 of irregular habits—which relapsed for the 2d time on the twenty-ninth day, continued for ten days, with varying degrees of heat of the skin, dryness of the tongue, rapidity of the pulse, sleeplessness, and occasional general pains, without a distinct crisis, but a gradual decline of the symptoms, which were severe only during the first days of the relapse. No uniform and consistent relation between the direction of this second relapse and the date of its occurrence can be traced.

The Crisis of the Second Relapse.—In this second relapse, as in the primary attack and first relapse, the crisis was for the most part abrupt and by perspiration. In three instances this form of crisis was not observed, the symptoms slowly and gradually declining.

The Phenomena of the Second Relapse.—No symptom of importance occurred in the course of any of these 11 second relapses. Had it not been that the mode of access and crisis was, for the most part, precisely as in the previous attacks, and that it was observed to occur more frequently than accidental feverish attacks are met with in the convalescence from the fevers we are in the habit of seeing, this second relapse might, in many cases, have been overlooked as a mere febricula.

The data afforded by these 11 cases are quite insufficient for calculating with precision whether there existed any determinate relation between the second relapse and the date of the first crisis, the date of the first relapse, or its duration. I may state, however, that in 3 of these 11 cases the date of the first crisis is reported to have been as late as the eighth day in 2, and the

ninth day in 1. In 7 the relapse is ascertained to have occurred on or before the fourteenth day ; and in five of these seven cases the duration of the first relapse was 3 or 4 days.

This concludes the first subdivision of the second principal division of this analysis—on the general features of the disease. The second subdivision—on the special symptoms of the disease—next claims attention, and will be entered upon in the continuation of this report.

110

OBSERVATIONS

ON THE

BEST MODE OF REGISTERING DEATHS.

READ AT AN EVENING MEETING OF THE ROYAL COLLEGE
OF PHYSICIANS, JUNE 1843.

By WILLIAM PULTENEY ALISON, M.D., F.R.S.E.,

Professor of the Practice of Medicine in the University of Edinburgh, and one of the Physicians
in Ordinary to her Majesty for Scotland.

[*From the Northern Journal of Medicine for August 1844.*]

THE subject of Registration of Deaths with a view to facilitating statistical inquiries into the history, causes, and prevention of diseases, has been pretty fully considered and reported on by a committee of this college; and I think every one who has experienced the difficulty of extracting satisfactory information from the Registers now existing, must admit its importance. A decided opinion was expressed by that committee, that the method adopted by the medical advisers of the Registrar-General in England, and according to which the deaths there occurring are arranged and classified, although a great improvement on the old bills of mortality, is liable to very serious objections. The objections which we stated have been considered at some length by Mr Farr, in a paper contained in the Fourth Annual Report of the Registrar-General of England; and the members of this college may be somewhat disappointed at perceiving that, although expressing himself in complimentary terms towards us, he declines adopting any of our suggestions, and gives a decided opinion that his plan of registration is much superior to ours in almost every respect.

As I am by no means convinced by his reasoning, I wish to lay before the college the reasons which still lead me to think that the plan which we proposed is decidedly preferable, and that if a registration bill for Scotland shall be brought forward, we ought to endeavour to have the registration of deaths under it conducted according to our plan rather than according to that which is now adopted in England.

We must bear in mind that, in a scientific view of the subject, the main objects of such registrations are—

1st, To secure the greatest amount of authentic information as to the causes of death.

2dly, To separate distinctly that information which must necessarily be only general, from that which may be expected to be minute and precise; and,

3dly, To facilitate the labours of future statistical inquirers who may wish to have various portions of this information thrown into the form of tables.

The objections which we stated to the English plan related, 1st, to the form of the schedule according to which the deaths are registered; 2dly, to the nomenclature of diseases, to which all practitioners are requested to conform.

I. The essential difference between our schedule and theirs is, that we wish to have that part of the Register appropriated to the cause of deaths, divided into two columns—one to be filled up in every case without exception, but which is to contain, not the name of the disease (unless in the case of well-known epidemics) but only the seat of the disease, and its nature as acute or chronic; the other column to give the name of the disease, always on medical authority, and only when well ascertained. This column will be filled, of course, in a much smaller number of cases, but will always give precise and accurate information, in conformity to printed directions to be put into the hands of all practitioners. We suggested, also, that each column should be subdivided into two,—the first stating what diseases are acute and what chronic; the second stating what disease caused death, and what (if any) previously existed.

On the other hand, in the English registers only one column is assigned for the cause of death; and Mr Farr thinks it preferable to have all the particulars stated in this single column. The following sketch shows the difference of the two plans:—

<i>Plan recommended by the Edinburgh Committee.</i>				<i>Improved English Plan.</i>
Duration and Seat of Disease.		Name of Disease.		Cause of Death.
<i>Acute.</i>	<i>Chronic.</i>	<i>Causing Death.</i>	<i>Previously existing Disease, or cause.</i>	
Bowels.	—	Dysentery.	—	Dysentery, 20 days.
—	Chest.	Consumption.	—	Consumption, 1 year.
Chest.	—	Pleurisy.	Epidem. fever.	Typhus, 17 days. Pleurisy, 2 days (p. mort.)

Our reasons for preferring the plurality of columns are these:

1st, We consider it quite certain that, as to a large proportion

of the deaths, there will be no report by a medical man, on which reliance can be placed ; the cases either having been seen by none, or seen so cursorily, or at so advanced a period, as to make it impossible for them to pronounce confidently on their exact nature. This, I think, all practitioners will admit to be true, even of many cases of which they could say, with a good deal of confidence, whether any and what remedies were likely to be of service ; and if so, it is obvious that to *require* or even to *invite* a declaration of the cause of death, in the same mode, in all cases whatever, is to make the statistical statements to be founded on those registers an almost certain source of fallacy, and of erroneous doctrine.

This is substantially admitted by Mr Farr himself, for he says that in England the names of diseases have often been returned, particularly as to cases not seen by medical men, *in a very unsatisfactory manner* ; but the remedy which he suggests is, to have all such cases inquired into *after death* by medical men, and then named ; which, as it appears to me, is not a procedure that can be adopted, at least in Scotland, with any prospect of more satisfactory results.

But, on the other hand, it is equally certain that there are various particulars which are easily ascertained, in regard to all cases without exception, and which of themselves, if ascertained uniformly and universally, will give results of great importance. These are, not only the age, sex, precise locality, and condition or mode of life of the deceased, but likewise the duration of his disease, as acute or chronic ; in the case of well-known epidemics, the name may be safely assigned, and in all cases of sporadic diseases, the part of the body in which the chief symptoms appeared.

The importance of having these particulars recorded as to *all* cases, combined with the impossibility of having a scientific statement of the cause of death in *many*, forms the difficulty which we propose to surmount by the two distinct and even subdivided columns.

It is no doubt possible to record all the particulars that we wish in a single column, and to have the names of diseases only assigned in that column when it can be done accurately, and afterwards to *pick out*, from the entries there, the cases which are accurately named, as distinguished from those of which we know only the seat and duration. But let us observe the inconveniences of this mode of proceeding.

1st, There is much greater trouble in throwing the information required into the form of tables. For example, if we wish to know how many acute and how many chronic diseases of the head are recorded in a given register and within a given time, how many of these have been registered in general terms only, and how many accurately named, we should have the trouble of seeking out and reflecting on the import of a great number of individual words, instead of merely summing up a column of figures.

2dly, By having only one column, in which all the particulars regarding the cause of death are to be stated, the attention of those making up the registers, whether medical men or not, is not fixed on the *different particulars* in regard to fatal disease which demand separate consideration, and there is a much greater chance of careless and fallacious registration.

3dly, No distinct line of demarcation is drawn between cases carefully observed and recorded by medical men, and cases the real nature of which may be quite unknown.

I admit that there is some force in the objection stated by Mr Farr to our division of acute and chronic diseases, according as they are of less or more than six weeks' duration; viz. that you might as well divide all people into young and old, according as they are above or below the age of twenty. But still it appears to me, that the chief practical use which can be made of the entries of the duration of diseases, in Mr Farr's own column, will be to make up tables of diseases of different parts of the body and in different times and places, as *acute* or *chronic*, and I do not know a better line of distinction between acute and chronic diseases than that which we have stated. The formation of such tables will of course be extremely facilitated by having these separate columns; and then, as the precise duration may be stated in each individual case in one or other of those columns, the more precise information which he considers essential may be obtained from our register equally as from his.

But the objections which he states to our having a column for the seat of disease, as distinguished from the name, proceed on an entire misapprehension. He says that nobody who is to use the registers will require to be informed that consumption is a disease of the lungs, and so forth;—not observing that our reason for wishing the latter fact to be stated in all cases is, that we are sure it can be accurately stated in many, in which the disease cannot be named, or will be named incorrectly; therefore, that by this column we gain a piece of authentic and important information, extending to a much larger number of cases than the named diseases. But we have the names given as distinctly as he has, in all those cases in which that information can be given on proper authority, and is therefore of real value.

That he has misapprehended the practical working of our plan appears distinctly from his criticism on it, at p. 215 (of Fourth Annual Report): "The Edinburgh Committee have assumed that distinct diseases, which cannot be distinguished in all cases and by all practitioners, should invariably be confounded under the same entry in the register. For instance, because it is probable that C and D would often confound croup, quinsy, and laryngitis, they would direct A and B and all well-informed practitioners to return the three diseases to the registers as 'acute disease of the windpipe.' What would be the consequence of a

recommendation of this kind? If the cases of croup, laryngitis, and quinsy are stated separately, it will be an easy matter to add them together; but if the three diseases be confounded systematically in all the registers, they can never afterwards be analyzed. According to Dr Alison's plan, all the physicians and surgeons of the country, whatever might be their skill in diagnosis, whatever be the progress of medical science, would be bound to assign the cause of death in general terms, instead of the precise terms by which diseases are generally designated."

Now, according to our plan, every physician and surgeon will be at liberty to exercise his skill in diagnosis to the utmost, because he will be *asked* to give a name to every case which he has seen (although a shorter and simpler nosology than that of Mr Farr will be recommended to him); but it can be no great trouble to him, *besides giving the name*, or when he is uncertain as to the precise name, to enter the disease in our first column as one of the head, chest, or abdomen; and by doing so he will enable any future inquirer easily to enter the case in two distinct lists, both equally authentic, the one containing certain particulars only, the other, a shorter list, containing more minute information.

It is to be observed, that in all Mr Farr's lists there are a number of cases recorded merely as *disease of the head, disease of the lungs, &c.*, which is an admission of our principle, that the seats of diseases can be stated in a number of cases where the names cannot be assigned. But these cases, from the deficiency of his plan, are not stated as acute or chronic; and their number is so small in comparison to those where the disease is named, as to show very distinctly, that on the names assigned to many of these cases little reliance can be placed as a scientific record.

I think I have shown that the plan of two columns with subdivisions,—although a little more troublesome to the framers of the schedules,—will be in fact less troublesome to the recorders of deaths, than Mr Farr's plan of crowding so many particulars into single columns, while it will give great facilities to future scientific inquirers.

There is a suggestion contained in Mr Chadwick's Report upon the sanitary condition of the labouring classes, which shows very distinctly the importance of having authentic records, not only of the diseases causing deaths, but of the circumstances attending and causing diseases, viz., that in addition or as superior to the medical officers in charge of districts (that is, of unions under the amended English poor-law) there should be a small number of superintendent medical officers charged with all inquiries affecting the public health, and that one of their duties should be the examination of the registers, to ascertain whether any particular diseases prevail at particular times in individual districts or classes of the community in an unusual degree, and if so, whether these can be traced to removable causes. It is obvious how much the labours of such men would be facilitated

by such a form of the registration of deaths as we recommend, with one simple addition, that our last column should comprise, as suggested above, not only any previously existing disease, but cause of disease.*

Of the facility of registers being kept in the way we propose, we have fortunately an example in the parish of South Leith, where, under the direction of Mr Lyon, the session-clerk, the register has been kept for some time past almost precisely on that plan.

II. On the list of diseases adopted in the English returns, as compared with the much shorter list recommended by the committee of this college, I do not think it necessary to enlarge, being quite content to leave it to the judgment of the profession, whether it be expedient, or likely to lead to useful results, to invite all practitioners to enter on the minute and sometimes ambiguous distinctions in giving the names of diseases which the English lists require. But there is an unfortunate difference of opinion between Mr Farr and our committee in regard to the great leading division (of the importance of which we are all agreed),—that of *plagues*, or epidemic and endemic diseases, occurring only within certain limits of time and space, and the *sporadic* diseases, of more uniform occurrence,—which demands a little consideration.

Mr Farr's principle is, that if any disease, or if cases which assume the characters of any disease, and are not easily distinguished from it, become epidemic at greater or less intervals of time,—even although it be only in what he calls unhealthy places and among the sickly classes,—that disease must be ranked among the plagues, and all cases of it, in all seasons, and however isolated they may appear, must be set down in the great division of epidemic and endemic diseases. Any other plan, he says, would lead to endless confusion.

Hence he sets down every year all cases of croup, of aphthæ, of dysentery, cholera and diarrhœa, and erysipelas, among the epidemic, endemic, and contagious diseases. He is strongly impressed indeed with the importance of distinguishing croup, which he thinks an epidemic disease, from laryngitis and from quinsy, which he ranks among the sporadic (which distinction I apprehend to be a difficult matter); but thinks that all the cases of cholera now occurring must be classed with malignant or Asiatic cholera, and that it is quite as unreasonable to distinguish them, as to separate mild from malignant scarlatina; whereas I believe that we in Edinburgh will generally maintain, not only that in a great majority of cases even fatal sporadic cholera is easily distinguished from the malignant, but that they are essentially and pathologically distinct diseases, and that the true malignant cholera was never seen in Scotland before 1831, and has not been seen since 1833.

In regard to several of the diseases in question—dysentery, erysipelas, croup, or even diarrhœa—we must allow that occasions do occur when they prevail epidemically or endemically, although

not to be distinguished by their symptoms from the sporadic and often isolated cases, which may often be distinctly traced to cold, to repletion, or other causes of continual occurrence. But I cannot think it right,—on the contrary, I think it must tend to endless confusion,—to rank, on that account, *all* cases of these diseases among plagues or epidemics.

The reason of making a distinct class of epidemics, and laying stress on their distinction from other diseases in statistical inquiries, is, that the study of their history, causes, and means of prevention, is essentially distinct from the study of the same particulars in regard to the sporadic diseases; but this reason exists no longer, when we find that *all* cases, however isolated, of croup, aphthæ, diarrhœa, or cholera. are ranked among the epidemics, with smallpox and measles. Nobody can suppose that the means of prevention, applicable to ordinary cases of any of these diseases, have any analogy to the means by which we strive to arrest the extension of malignant cholera, or of plague, and with a view to which we study the histories of the diffusion of these diseases.

The only way, as it seems to me, of avoiding such difficulties, or even absurdities, is that which we formerly suggested. Let each of those diseases, when it occurs, as usual, in isolated cases, be entered among the sporadic diseases; but when any practitioner meets with such cases occurring so frequently, within narrow limits of time or space, as to indicate, in his opinion, the existence of a local and temporary cause, let him be requested to prefix the term epidemic, and those cases may then be ranked in the tables along with the epidemic diseases. And although there may occasionally be a difference of opinion as to whether the term epidemic is rightly applied, yet as in every such case the number of deaths attributed to such epidemic influence in any locality will appear, it will always be in the power of any one who uses the register to form a judgment on the point, whether the term is truly applicable.

I have the less difficulty in recommending this, as it is exactly what is done (and the principle of doing it therefore tacitly admitted) in the English tables as to two remarkable diseases. Mr Farr has bronchitis among the sporadic diseases, and influenza among the epidemics, I think quite correctly. But influenza may be very reasonably called an epidemic bronchitis, and certainly it is at least as difficult to distinguish it from many sporadic cases of catarrhus senilis, as to distinguish malignant cholera from the common cholera of this country, proceeding from an increased flow of bile.

Again, Mr Farr has among sporadic diseases what he calls gastro-enteritis, and explains as being inflammation of the mucous membrane of the bowels; but we all know that this inflammation occurs frequently and epidemically in connexion with typhoid fever; and that it is still disputed, whether there is not an epidemic typhoid fever, distinct from the true typhus,

and attended uniformly with this kind of inflammation. Such complex cases, if they have any distinctive name in the English tables, must, I presume, be called epidemic gastro-enteritis, as distinguished from the sporadic cases of that inflammation. This is another example where he must rank some cases of a disease as sporadic, and others, occurring in certain times and places, as epidemic. We have only to extend the practice, which I think he must adopt in regard to these two diseases (if he is to embody in his tables the information which they certainly ought to give in regard to them) to other cases, in order to have a complete justification of the mode of proceeding recommended by us.

For these reasons, I must be permitted to express the hope, that if we shall have the satisfaction of seeing a registration act introduced into Scotland, any influence which this college may possess will be exerted to secure, that the parts of the registers appropriated to the causes of death may be kept in the way that our committee has recommended, in preference to that which has been adopted in England.

NOTE.—*Form of Queries by which the Register is filled up in South Leith.*

No. _____

Name of deceased ...
(State the Maiden as well as Married Name of Females.)

Sex ...

Condition, as Single or Married, or

Widowed ...

Age, last birth-day ...

Relationship to, if not Head of Family,
and Employment, if any ...

Head of Family and his Employment ...

Exact place of ordinary residence ...

(State the Street, No. of ditto or land.)

Date of Death, and place of it, if not
the same as ordinary Residence ...

Date of Burial ...

Place of Interment ...

Medical Attendant, ...

Or if none, the Disease, if distinctly
known, seat of it, and duration ...

(Signed) _____ Undertaker.

NOTE.—*It is requested that the Medical Attendant insert the Scientific name of the Disease.*

Seat of Disease ...

Duration of do. ...

Disease causing Death ...

Disease previously existing, if any ...

(Signed) _____ Med. Att.

11
A

7

SERMON,

PREACHED IN

ST ANDREW'S FREE CHURCH, EDINBURGH,

NOVEMBER 24, 1844,

BEING THE SABBATH SUCCEEDING THE FUNERAL OF

JOHN ABERCROMBIE, M.D., OXON. & EDIN.,

V.P.R.S.E.,

FIRST PHYSICIAN TO HER MAJESTY IN SCOTLAND.

BY THE

REV. JOHN BRUCE, A.M.

PUBLISHED AT THE REQUEST OF THE KIRK-SESSION.

EDINBURGH :

JOHN JOHNSTONE, HUNTER SQUARE.

LONDON : R. GROOMBRIDGE.

MDCCCXLIV.

~~~~~  
SECOND THOUSAND.



TO THE  
ELDERS, DEACONS, AND CONGREGATION  
OF

*St Andrew's Free Church, Edinburgh,*

THIS SERMON

IS

RESPECTFULLY AND AFFECTIONATELY INSCRIBED.





## S E R M O N.

---

“Ye know not what shall be on the morrow. For what is your life ! It is even a vapour, that appeareth for a little time, and then vanisheth away.”—JAMES iv. 14.

OUR life—that is, our natural life, the life which connects us with this world, and with the men, and the affairs, and the inheritance of this world—is here likened to “a vapour.” And for two reasons is it so likened : even because, like a vapour, “it appeareth for a little time ;” and then, like a vapour also, “it vanisheth away.”

To a serious and thoughtful observer of human life, the first part of this comparison seems quite as natural as the second. For, though there are but few of the human race who die almost instantly as they begin to live, appearing in this world not even so long as themselves to look upon it, but just to be looked upon and embraced, and then to leave it for ever ; and to the old man, now wearied and worn down by decay of age—to him retracing leisurely life’s journey, crowded, as it may have been with memorably eventful providences, that does sometimes seem a vast expanse over which he has been long and oft laboriously travelling ; and still more to the youth, who is wishing each successive period away, from very impatience to reach that golden summit which seems to him inaccessible,

for no other reason than because it seems to be distant—although, to each of these, life seems much more than “a little time,” yet what would it seem to either, or indeed to any of us, were eternity realized? This portion of your existence, which is so fast wearing out, and will soon be expended, is nothing more than one moment of an endless duration, which is, and ever will be, stretching beyond you. It is but the entrance upon an infinity, whose property it is to last, without even ever lessening. It is the first step of an unresting progress, which you know and acknowledge to be indeed interminable. The time during which a cloud, that is composed of vapour retains its distinctive place and figure in the sky bears no assignable proportion to those innumerable ages, during which the great lights in the heaven above it have continued to revolve and shine there. But still less is the proportion which the time of your residence on the earth’s surface bears to your abiding in that unseen region, which shall receive your soul at her going forth from the body. You will be a living and acting, a rejoicing or suffering creature still, when you shall have disappeared, and are encompassed by far other scenes than now, and far other society. Nay, when the earth which you now inhabit, and yonder heavens are destroyed, you will be more than ever conscious of life and energy, and enlarging capacities, whether of joy or grief, to which there shall be no interruption, and as certainly no end. This was very distinctly conceived of by the apostle as he said, “Your life is but a vapour, which appeareth for a little time.” And it is when we forget this altogether, or but very faintly conceive it, that we seem to ourselves so foolishly to have a permanent interest on this side of death, warranting an anxious and all-engrossing devotedness to its pleasures or its cares.

But you are still further reminded here, that, brief as the period is of the continuance of this natural life, it is proverbially uncertain also. We know, and we can even specify, the limit which it cannot possibly exceed. But it may fall indefinitely short of that; nor is there anything so likely as that, if we are going heedlessly along in the eager pursuit of the world, the death, which our fancy places in the distance, will anticipate our calculations; and what then shall we do, when so seized upon and surprised? Yon handful of cloudy vapour, which remains suspended and motionless while the sky is serene, and the surrounding atmosphere is at rest, lies not out more exposed to the breeze which, passing by at any moment, may dissipate it into nothing, than your earthly life lies exposed to any one of ten thousand casualties which may dismiss you from this earthly scene, which comprises too possibly even all you care for. Amid the curious framework of the body, whose texture is so complicated, and where the functions of life are performed both by processes so hidden, and by a mechanism so refined, what deadly derangements may internally be going on at this very moment, and may have been so for years together, of which we ourselves are unconscious, and of which there is either no distinct intimation given to us, or no intelligible cause assigned! Death is, even now, thus stealthily approaching some, who are universally regarded as among the most likely of all to yield only to the power of some consuming disease, or to wander on till they wear out and die of very age and infirmity; and every season has to tell of youth, as well as grown men, arrested at the very moment when their most hopeful career was just begun to be entered on, and all the sunny prospects of a lifetime, then opening in brightness, are overcast for ever.

Now, just think for a moment how all is destroyed, if the man hath been but labouring for the bread that perisheth. His soul is required of him, and whose, then, shall those things be which he can no longer retain? He lives in the recollection, perhaps, of a sorrowing family and of friends. But that busy world, in which it may have been his chief ambition to enjoy himself and to shine, and in the midst of which he may have been caressed and honoured, envied and admired, will, but too soon after lamenting that family's disaster, transfer its homage and its attentions to other aspirants, contending still as eagerly for its deceitful favours and rewards. *They*, in their turn, will give place to the men of another generation. The very names of each successively will drop out, and die away from the memory of the public, after they have been spoken of for a while, as the men that lived, and are dead. A tombstone, oft passed by unheeded, and itself to fall into decay, will comprise all that can be told of him who was once so active, and enterprising, and influential in society. And while his soul, then amazed and terrified, is awaiting, in other regions, the day which shall recall it to resume its own proper body, that they may both go together to the judgment-seat of Christ, it will be forgotten in the world from which he went that he ever belonged to it. And just as when the flower withereth, or the shadow flieth away, or the cloudy vapour is dissipated by the wind, or melted and absorbed before the beams of the morning, so the place that now knows him shall know him no more. Surely it is the strangest of all the many strange sights in this world, that such a reasoning and reflecting, and withal provident creature as man, can see such a death and destruction so surely approaching him, and yet keep going on still scheming, and still pursuing, and still toiling so in-



defatigably for something that is of the world—allowing himself scarce any leisure to think of God so influentially as even to *try* to be sure of Him—thus deliberately hazarding his only conceivable interest that is imperishable—thus deliberately forgetting, or being content to remain estranged, from the only Being in the universe who hath both the will and the power to befriend him for ever.

I. It is undeniably true, as we have oft and earnestly explained, that, while thus we are going on contented and undisturbed, we are not really believing the most peculiar sayings of Jesus Christ; and that, till we believe the most peculiar of them all, we may be turned from the world occasionally; but disappointments, and even deaths, recurring however oft, or however alarmingly, will never turn us to God. The truths which we are now insisting on, are therefore not to be regarded as the peculiar means of conversion; but, if at all duly attended to, they will serve, through the Spirit, to make way for other truths, on the right understanding and belief of which our conversion depends. And so, passing by, for the present, all those other and more peculiar arguments for keeping up an overruling reference to God in every plan which we meditate, and every purpose which we pursue, I would say, *first* of all, that there is much to impress a reflecting mind in the fact, that it is God who has hitherto sustained this life, which is in itself so perishable, and the extinction of which would have been to you, and to others belonging to you, so dread a catastrophe. I speak thus on the supposition of your being still of the world. There are none among those who are now reconciled to God, and living to Him, who, recalling the time when they also were of the world, are not most entirely convinced

that, had they died in that state which is contentedly yours, they would have closed their eyes on the scenes and the society of this region of hope, to open them in the region of unavailing sorrow and despair. And, if there be any truth or probability in this their conviction, do you think it either right or safe to disregard Him who is still keeping you in the place where He waiteth to be gracious, and is still urging on your acceptance the terms of reconciliation? Is the life which God hath so graciously warded from the sore and lingering disease, which might have seized upon and consumed it; and from the ten thousand exposures to accidents, any one of which occurring had overwhelmed it; and from the internal and hidden derangement, which, in an instant, would have stopped the living motion of the heart, and sent you into eternity—is that life to be devoted still to the pursuits of vanity? And, though never daring to say of God, that you are independent of Him, will you yet reason, and resolve, and plan, and prosecute your own purposes, as if you held a separate interest from God, or He, in regard to you, had no interest at all? We know well, and are assured, by all Scripture and all experience, that it is not even the believing knowledge of Him merely, as the God who both created and sustains you, that will ever incline your hearts to love and submission; but even this much, if well considered, would lead you to feel after Him, if haply you might find Him. And I, therefore, urge it again, whether you can think that really He will endure it always, that the life which He is upholding be expended away from Him—that you shall continue to live as if you were self-upholden—that you will do everything for others, but little or nothing for God—and be cordial and devoted in your gratitude to others, or in your admiration of another's worth, and yet

gratitude to God be a feeling which you have seldom known, and the love of dutiful attachment to Him be no feeling at all? Will you continue to make of Him this quite monstrous exception? Will you continue to live and act as if your main business were with the creatures who surround you, and your connection were only to begin with God, when you are taken away from them, and cannot help it? You cannot exist without Him now; for your earthly life is “but a vapour,” which, were His care for it intermitted, would be dissipated and destroyed. And will you not try, then, to live *with* and *to Him*, under a conscious sense of your dependence, and be ever learning to say—“If the Lord will, I shall live, and do this or that?”

II. Observe, *Secondly*, how it aggravates both the folly and the guilt of this deep ingratitude, that the earthly interests which so absorb you, are so sure to be unsatisfying, and so soon to be laid aside. It were monstrous, indeed, to prefer anything to God, even were that thing which possessed your preference quite sufficient to satisfy, and quite sure to remain in your possession whilst God himself shall exist. And what, then, when the thing which excludes the Creator from the heart of His own creature, is some miserable vanity; the love of other creatures, who are themselves as dependent, and are also passing away; or the love of a name and a notoriety, which must so soon be forgotten; or the love of property, or of power, which can be of no use to us in the grave! Were it the love of other creatures, as worthy of being loved as are the angels in glory, or were it the longing of the heart after an inheritance as imperishable as are all things in the heavens where these angels reside—were it even thus that you consented to forget God, and His right

to have a will, and an interest conceded to Him in all that concerns you, even that were inexcusable, and these devout and adoring angels “who excel in strength, and do His commandments,” would disown and exclude you from their society and from their residence in heaven, simply for not loving Him who is their glory and their all. But to forget God for this world, is just to say, you despise Him. It is to care so very little about God, that almost anything whatever will entice you away from Him; and to show that there is still upon you such a deadness to His worth, or such a deep-seated and distrustful suspicion of His purposes, that you want really to be relieved from thinking of Him, and were contented and happy would He but let you alone.

Nor will it do here to say, as is often said, that really you do not *love* the world—that you have long since discovered that it is not the thing that you took it for—that you care not to be rich, or honoured, or admired—that there is no such thing about you as an ambition to shine—that it is its cares, and its competitions for a bare and a decent maintenance which disturb and occupy you; and that, in the hard work of providing at all sufficiently for the well-being of yourselves and families, you are so driven, or so oppressed, or so cumbered about many things, that you cannot cultivate God’s friendship, or care at all for your souls, as you admit that you ought to do. Suppose, as you seem to think, that these two great intents, of providing for both worlds, could not be carried on simultaneously or together—which of them, I ask you, should take precedence of the other? Life is proverbially uncertain; and just because it is so uncertain, we should be always prepared. It may consist with all prudence, to engage in secular pursuits, which you shall be spared only to begin, or



to defer altogether doing many things of that nature to some future expected, and yet far distant occasion; because the one may be taken up and prosecuted by the friends who survive you, and the other might be no loss, though it were never achieved. But who shall care for the soul that has not cared for herself? Into whose hands will she consign her interests when she is summoned away? Where are the survivors who will take care of the concerns of a man's soul, and wind them up advantageously, when he has gone for ever from the earth? The children whom he leaves fatherless—of them we never have any doubt—they will be seen to, and provided for, and the affairs of his family may suffer no loss at all, though they pass to-morrow or to-day into other hands than his own. But what can friends do with an outstanding repentance, and an accumulated arrears of sins, and all the business of his eternity left unsettled and in confusion?

And there is more than this; for the known friendship of God, if you but sought and found it, would relieve you from these so oppressive cares. You could cast your burden upon Him, did you but really know how to find Him as God in Christ Jesus, and so entered with Him into a covenant, which can never be rescinded. How strange, then, to plead these anxieties as an excuse, or a palliation, for neglecting God, when such a confidence in God would thus at once and prevailingly deliver you from them all! And though there is less of selfishness, no doubt, when the care is for a family, and the man himself could be satisfied, or just thinks that he could be satisfied, to forego all this world's gains, and even to descend to the most abject condition in society, yet think you there is more wisdom in it, since as surely as your *own* life “consists not in the abun-

dance of the things which you might possess," so surely doth it hold true of the lives of your friends and children. The world is really of no more worth to them than it is to you, who despise it. They, too, are mortal; and it is but a little while, and each of them in his season will either have preceded or followed you to the grave. You do not even know whether any of them shall survive you; but you are sure that if they do, they will find nowhere else but in God a satisfying portion. And can you think it, then, a real kindness, to set them such an example of devotedness to the things of time, and habitual indifference to God and eternity, that far surer than any patrimony, will they inherit the ungodliness of him who amassed it for them at the forfeiture of his soul? And while the children of the godly, inheriting nothing, too often, but their father's memory and his prayers, "seeking first the kingdom of God, and His righteousness, shall have all other things added unto them," yours, too probably, will tread also in *their* father's footsteps, perishing, because their own parents deceived them—discovering every day more clearly, just as you have done, that they have set their hearts upon vanity, and yet going down after you, one and all of them, to the grave, to lie there forgotten, and rise out of it condemned.

III. But I must turn from this topic, which seems to me inexhaustible, and shall just mention one other thought, which brings me close up to an instance, for which your time and my own strength must especially be reserved; and that is, that the guilt of nature's ungodliness is most egregiously heightened by the many warnings received, and either rejected or forgotten. Disappointments are more or less familiar in our every enterprise; and death is ever busy among our fel-

low-creatures of all ages, and throughout all ranks and classes of our people. Since even the extremity which drove us to take refuge in this sanctuary, although the interval of time is brief, how very many of our acquaintance, who were as likely as ourselves to have seen it out in their families, are now lying in the cold and silent grave, where few ever think of them at all ! and they are remembered only by those whose grief, so unavailing, time and the blessed influence of the truth as it is in Jesus will indeed alleviate and sanctify, but can never in this world efface. And there are deaths which we call untimely, because one is taken away in the opening dawn of his prospects, or in the very height of his usefulness to the Church and the world. And some of these are even strange—they are so sudden and confounding, that a whole community is stunned, and every creature, as he hears, is quite struck to the heart; and yet, most strange of all, the world recovers, and goes on again, as if God were not looking on it; and the men of the world are going on, for all practical purposes, as if God did not exist. We know very certainly that they will continue to do so, till something else be made plain to them about the doings of God, than appears in His operations throughout creation and providence. But surely such dispensations should set all very earnestly upon inquiring for that discovery. And know, then, all ye more especially who, because of your hearing of what has happened, are attending us this day—know that, if any of you shall die, whether as suddenly or not, without an interest in Christ, you will not, at least, have to plead, that God never showed you the emptiness of the world, and your own constant insecurity against being carried away from it.

But I hasten from the guilt and danger of so living without God, because living without Christ, to speak to

you more expressly, and as explicitly as I can at all venture to do, of that instance which so powerfully contrasts with all this, it being the instance of one "who walked with God, and was not, for God took him." He was a pattern to all, and doubtless specially such to you, who saw him here twice every Sabbath, excepting only his last on earth; and knew well his deep and affecting interest in even all that concerned you, both in time and eternity; and accounted his presence here the chiefest earthly honour of our house. Nothing more likely, dear brethren, than that, though we could not love him too well, we may have loved, and also leant to him disproportionately—that, leaving it to him to do very many things which (most willingly as he did them) yet others should have shared in doing, and leaning upon him so confidently, as in a greater or less degree to cease from leaning upon God—this, too possibly, was a reason for the Lord's taking him away and leaving us as we are now, thus desolate and distressed. Ah! little did I think, when my heart exulted within me to see this holy and so beautiful edifice complete, which has been more loved by me as a home than any other I now have on earth, and which, mainly under his fostering care, grew up to be a pattern of things in heaven;—little did I think how soon it should be bereft of its brightest ornament, and saddened by these funereal emblems of death and the grave. And little did I think, when devising with him, as I did almost continually, how best to promote your comfort and edification, and fulfil the ends of that oversight which we had received from the Lord; and (to specify just one topic, which more recently, as oft, engaged us) how best to extend amongst you that interest in the maintenance of other Churches in the land, to which his munificence so very largely contributed;



—little did I think, that I should so suddenly be bereft of my chiefest earthly adviser, or that such an argument was preparing for me, as this dread event has supplied.

You must not expect of me, from this place, an elaborately descriptive character, though, if I only could, oh! how assiduously would I sit and labour to embalm him in the memories of a generation whom he both richly benefited and adorned. But his benefactions to me were so very many of them of that most peculiar kind which most deeply penetrate the heart, and are all of them so associated with my every remembrance of him, that I cannot trust myself to come forward here with any lengthened details, either on his habits or his history. To but one event shall I refer, which, in our various conferences, he oft referred to himself, as appearing to him to have laid both him and all under peculiar responsibility, and which seemed to me to have brought out some of his very greatest and most peculiar excellences. It is known, that he was most unwilling to quit the Establishment, and that, most intimately associated as we were together then, as we continued to be to the last, I should be well able to explain both what that was which so long suspended his decision, and why, when the crisis came, he was seen so resolute as well as ready. Now, his first apprehension was, that we should never be able, without the pecuniary aid of Government, to provide at all adequately for religious ordinances throughout the land; and his next apprehension was, that, by protest and separation, such animosities would be engendered, as he must strive to the very uttermost and to the last hour to prevent. It was thus that, with all his prompt and profound sagacity, his deep concern for the religious character of the land, and his almost unequalled love of charity and peace, did make him seem

for a time to hang back, and hesitate, as one who could not decide. But the instant he saw a settlement decreed, which, he believed, would inevitably extinguish that vitality in the Church for which he valued her, and in the leaving only of deceitful and most miserably wretched forms, destroy utterly the power of godliness—the instant he saw this, he resolved for himself to come out from her, and be separate. He set himself to work in faith, at least to mitigate that calamity which he could not avert; exemplifying more than ever both his bountifulness, and his meekness, and his moderation in everything. And, as if his last great work was done, in his crowning and sealing all by so explicit and so great a testimony, he was caught up, and carried away from us to his most blessed rest in the Lord. Oh! how it should reconcile us to this sad and sudden separation, to think of his joy this day with angels in the presence of our God; and how greatly it should quicken and perpetuate our hitherto, perhaps, but occasional willingness to die! But *our* work is not yet performed. And, though I must have often spoken as if with him I had lost my all, yet never would I forget, that while God is my refuge, I have many brethren around me who are like-minded as he was, as office-bearers in this house; and a people also around me, who deserve everything at my hand. Oh! would but all of you give yourselves to the Lord, as you have given yourselves to me—would you but care for your own souls as you have cared for me in distress—would you but be as liberal to others in distant and poorer Churches, as you have proved yourselves in everything regarding the setting up of this sanctuary,—I would have no anxious desire ungratified—no one act of encouragement were then on your part withholden.

Think, then, what you can do for Christ, and arise and

do it immediately. “Your life is but a vapour, which appeareth for a little time, and then vanisheth away.” Let this event, which speaks so loudly, both of the danger of living without God, and of the blessedness of a life of faith and devotedness—let this send you to cleave to Him who saith: “He that believeth on me shall never die; and the works which I do shall he do also, because I go to my Father.” If more than ever inclined to this now, oh! think it not enough that you have felt the inclination—nothing more likely than that you will be greatly tempted to rest there, thinking yourselves so very much better, because now you are well inclined. But see what saith this inspired messenger of God—“To him that knoweth to do good, and doeth it not, to him it is sin.” Press on, then, and persevere, and pray, resolved to bear contentedly the cross, and to follow Christ through the world. Thus shall you be always ready to leave it thankfully and with joy, whether wasting under the power of some consuming disease, or summoned hence by the swiftest of all the messengers of death; for “blessed is that servant whom his lord when he cometh shall find so doing; verily I say unto you, That he will make him ruler over all that he hath.” Amen.





## APPENDIX.

---

THE following article, contributed by the Author to the *Witness* of Saturday, November 23, is also given here, as entering more circumstantially into detail :—

[Our paper of last Saturday recorded an event which, even had it fallen upon us far less suddenly, would have left us unprepared, for a time, to give utterance to our own feelings, or to say anything which might not have been deemed an irreverent intrusion on the deep and distressful sympathy which that sad event everywhere awakened. It behoved us to yield precedence to that expression of the public sorrow which we well knew would be forthcoming, when the earthly remains of one so signally eminent, and so universally beloved, should be carried to the grave. And, in consequence of this detention, we are now enabled to add, that never, we believe, was a more awfully solemn and affecting procession seen in our streets than that which, on Wednesday, accompanied the remains of this distinguished philanthropist from his well-known residence to the West Churchyard. It had been the desire of his family, as being, perhaps, somewhat more accordant with the retiring modesty of his life, that the funeral of their lamented father should have been of the most private kind. But they yielded to the request of several public bodies who exceedingly desired to do him honour; and the procession was accordingly joined by both the Royal Colleges of Physicians and of Surgeons in the city—by the members of the Free Church Presbytery of Edinburgh—of the Commission of the General Assembly of the Free Church—and by many professional brethren, who had come in, though uninvited, from distant parts of the country. Never, in our day, unless in the instance of Dr Thomson, have we seen such a deep and universally pervading sympathy; and though enhanced, no doubt, in both cases, by the awful suddenness of the stroke, yet in neither was it due to anything so much as to the sense

universally entertained of their high and influential standing in society, and of the irreparable loss, when, especially in times so critical as have marked the decease of both, such leading and directing public characters have fallen.

Dr Abercrombie's professional eminence will at once occur to all as having raised him to a position of very wide and conspicuous influence. So early as 1803 he began to practise in Edinburgh ; and, though it was long before either of those two valuable publications\* appeared which form the main strength of his professional authorship, he very soon became so well known to his professional brethren, through the medium of his contributions to the *Medical and Surgical Journal*, and by an extensive and successful practice, and had so gained the confidence both of the profession and the public, that immediately on the demise of Dr Gregory, he took that place as a consulting physician, which he has continued to hold with increasing celebrity. In 1830, and again in 1833, he appeared as an author on other subjects, which doubtless it had scarce been thought he could so investigate and adorn. For he had studied his own proper and peculiar science so devotedly, and so well, and was necessarily so engrossed in practice with its most anxious and arduous labours, that surely marvellous it seemed how he found either taste or leisure for such a separate achievement. And yet to those who could appreciate that intellect, which was in him as remarkable for its comprehension as its clearness, and that height as well as depth of moral sensibility, which, being combined with the other, and sanctified, made him known unto all men as the eminently great and good—to those who could appreciate this, there seems no mystery in his taste or liking, however still they marvel at his finding leisure to gratify it. The truth plainly is, that both nature and grace had so impressed him with the tendency, and so endowed him with the power, for such investigations as form his treatises “On the Intellectual Powers,” and “On the Philosophy of the Moral Feelings,” that nothing had been to him so difficult as, unless under an imperious sense of duty, to have abstained from or abandoned them. Soon after the last-mentioned date, he published also a treatise “On the Moral Condition of the Lower Classes in Edinburgh ;” and between that time and the present now, when he had just issued what he intended should be the first of a series of essays “On the Elements

\* On the Diseases of the Brain and Nervous System ; and on the Diseases of the Abdominal Organs.

of Sacred Truth," he produced, at irregular intervals, various others on kindred subjects, amounting in all to five, and which he recently comprised in one small volume, entitled his "Essays and Tracts." Of writings so well known, and so very highly esteemed, as proved by a circulation extending, as it did in some, even to twenty thousand copies, it were useless to speak in praise either of their literary or far higher merits. But we cannot refrain from saying, that the wisdom which pervades them is manifestly the wisdom of deepest Christian experience. The reader sees there one of the wisest, most observant, and sympathizing visitors of the poor, devising how best to ameliorate their "moral condition." And when the subject is the "Harmony of Christian Faith and Character," or "The Messiah as an Example," he knows that the author who could have written thus, must himself have been long accustomed to "look unto Jesus,"—that "his faith wrought with his works, and by his works his faith was made perfect."

Before either of his philosophical works appeared, he had been appointed Physician to the King for Scotland. In 1834, the University of Oxford also, as an unusual token of respect, conferred on him the degree of Doctor in Medicine; and in the immediately following year he was elected Lord Rector of Marischal College, Aberdeen. Nor were there wanting other, and as emphatic testimonies to his far-spread reputation. But, distinguished as he was, both professionally and as a writer in the highest and holiest departments of philosophy, it was not exclusively to his great fame in either respect, or in both, that he owed his wide and sanctifying influence throughout the community in which he lived. These raised him, as we have already said, to a position of notoriety which gave far greater weight and interest, no doubt, to all his sayings and example. But it was these sayings and that example, among professional men and pursuits, so consistently and completely manifesting exalted piety and benevolence, sustaining incessant labours in doing, as well as devising good, and that, too, among men of all classes, and by means of all various channels and expedients—it was this, at least very mainly, which made his life so very precious to us, and his death so very deeply and universally deplored. We need not tell how long and how conspicuously his name stood associated with the guidance of every important enterprise, whether religious or benevolent—how somehow he provided leisure to bestow the patronage of his attendance and his deliberative wisdom on many of our associations, and, with a

munificence which has been rarely equalled, and never, we believe, surpassed, ministered of his substance to the upholding of them all. And we must not speak of those private alms which he was ever anxious to hide. Nor could we estimate, in this way, the strength and intensity of his generous compassion. For he valued money so little, that, times without number, he declined receiving it, even when the offerer urged it, as most justly his own. But *time*, which, as we have shown, he turned in other ways to so great account, was indeed in his view very precious; and yet never did he grudge to spend it in counselling the perplexed, or comforting the disconsolate, or seeking out friends or other help for the friendless, or healing or preventing differences among brethren; or, in one word, in doing whatsoever his hand found to do, in the humblest as well as highest walks of Christian philanthropy.

We cannot from this descend to more ordinary virtues, though even in these respects he was known, most assuredly, as no ordinary man; but shall now just advert to some of those features which more specially individualized him among the great and good.

Of the few who, in our day, have advocated as successfully the cause of truth, and told with like effect on the general mind of society, we know not any who abstained as he did from controversial discussion, and were as sensitively alive as he was to the danger of involving himself or others in strife and differences. This utter distaste for controversy, which is so prominent in his writings, he carried with him into all his intercourse, both with his friends and the world, insomuch that, known as he was to have taken ever deepest interest, and lent most effectual help, when the cause of truth was endangered, he was never drawn into debate, nor delivered more than his explicit and decided testimony. We say not this to disparage others with whom he long associated in most friendly intimacy, and for whose most mighty services, rendered otherwise to the cause of truth, none living entertained profounder reverence. "There are diversities of gifts, though the same Spirit." And even as there are remarked most prominent and peculiarizing differences among those *written* epistles, all of which are equally authoritative and alike inspired, so in looking back on those "*living* epistles," once sanctified, and now glorified together, we would remark of Abercrombie, that to an epistle of the Apostle John he was the likeliest of all.

Often as we have already noticed his assiduous and unceasing



diligence, we must refer to it here again; for we certainly have known but few who, with anything like equal powers, have at all rivalled his application. Whoever entered his study found him intent at work. Did they see him travelling in his carriage?—they could perceive he was busy there. Graces also might be mentioned, such as a meekness and an entire dispassionateness, which are rarely, indeed, conjoined with such conscious strength and sensibility. He was, perhaps, generally thought reserved; and such, certainly, he was to strangers—sufficiently so to prove that his professional eminence had been achieved by transcendent talent and worth alone. But among his familiar friends, how affable!—how engaging! And while all that ever saw him must remember that look of power and placidness which was so prevailingly his that he carried it with him to the tomb, there was also another look very often seen, which was far more beautiful, because both elevated, serene, and bright, and of which we cannot but think, now, how surely it should have warned us, that to the heaven from whence he got it he would soon and suddenly be called.

Amidst the universal distress and sadness of such a general and sore bereavement, we perhaps should not specify particular instances; and yet we cannot but refer to the surviving office-bearers and the congregation of St Andrew's Free Church, who can never enter the house of God, without being reminded there both of the munificence and assiduity with which he ministered to the setting up and completest furnishing of that beauteous sanctuary, and of his still deeper and more affecting interest as an overseer of their undying souls. With the minister of that church, besides, both he and his household had been for many years accustomed to worship; and he had been to him, both as a benefactor and a friend—even all that ever one man could be to another.

He has left a numerous family, who were everything to him, and to whom he, too, was everything. The sympathy which is abroad they must feel to be alleviating; but infinitely more precious their assurance, from what they saw of their father's "heaven on earth," so long experienced, and so complete. "The kingdom of God," they must have seen, was "*within* him;" and that each and all of those promises were peculiarly his which are fulfilled to the meek, and the merciful, and the peacemakers, and the pure in heart, of whom it is affirmed, that they shall see God. "And I heard a voice from heaven saying unto me, Write, Blessed are the dead which die

in the Lord, from henceforth : yea, saith the Spirit, that they may rest from their labours, and their works do follow them."

Dr Abercrombie was born at Aberdeen, where his father, whom he lost at an early age, was a pious and evangelically-minded minister. He was born on the 11th of October 1780 ; and, from the giving way of a small artery in the region of the heart, he died, or rather, we would say, " he was not, for God took him," on the 14th day of this current month. ]

THE END.